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ABSTRACT

This paper presents the background and development of the Crisis Intervention Simulation Survey, (CISS), a written simulation instrument designed to assess police officers' knowledge of effective crisis intervention skills and the awareness of their emotional responses to selected crisis intervention situations. It summarizes the recent history of crisis intervention training programs for police and critiques efforts to evaluate these programs. The background section also reviews the use of simulation methodologies like role playing to assess intervention skills in a variety of human service fields. The design and construction of the CISS are then described in detail. The CISS presents four types of crisis situations, accompanied by a response sheet with open-ended questions and bipolar, Likert-type emotion scales. The CISS was administered as part of a pilot study evaluating a four-day police crisis intervention training workshop. Results from this study are presented, including preliminary data pertaining to the reliability of the CISS and a discussion of its strengths and limitations together with some suggestions for simplifying the methodology used to construct such an instrument. (Author)

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A Written Simulation Measure to Evaluate Police Crisis Intervention Training

(Paper Presented at the 86th Annual Meeting of the American Psychological Association, Toronto, Ontario, Canada, August 31, 1978)

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The instrument described in this paper is part of an evaluation design developed during an N.I.M.H.-funded Clinical Psychology Research Internship with the Office of Research Education and Program Evaluation at St. Elizabeths Hospital. The completed study will serve as the author's Doctoral Dissertation in Clinical Psychology at George Peabody College for Teachers, Nashville, Tennessee. The author is grateful to Mr. Darryl Bertolucci, Mathematical Statistician, Division of Computer Systems, A.D.A.M.H.A., for his assistance with the data analysis, and to Mrs. Nancy Nimmich for her assistance with the scoring of the protocols. The author also wishes to thank the many people involved in the evaluation itself without whose patience and support the study could not have taken place: this includes police instructors, mental health center staff, and most of all the subjects themselves! The pilot study was designed and conducted under the supervision of Dr. Eva G. Gochman, Director of the O.R.E.P.E. at St. Elizabeths Hospital, and the final study has been granted approval by the Research Ethics Committee of George Peabody College and by the Hospital Research Committee of St. Elizabeths Hospital.

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In the summer of 1976, the author began her search for a training setting in which to pursue her idea for a dissertation topic, concerning the function of role playing and other psychodramatic methods in police crisis intervention training. As a Psychodrama Resident at St. Elizabeths Hospital during the previous year, she had experienced first-hand the powerful impact of role playing on officers participating in training sessions and had developed an appreciation for psychodramatic training models in general. After investigating and, wherever possible, observing various police human relations training programs in the D.C. area, she decided to focus on an intensive four-day crisis intervention workshop sponsored by a local police academy. This program was notable, among other things, for its five-year history, during which time the community had reacted to it favorably and a collaborative relationship had developed between the staff of the police academy and professionals from a consortium of neighboring mental health agencies. The crisis intervention workshop took place at the mid-point of a five-month recruit training course composed of alternating academy instruction and experience in the field. The workshop utilized a combination of didactic presentations, role playing, films, videotapes, and small-group discussions to explore a variety of topics- systems theory, communication, mediation, the stresses of police work, family crisis, suicide, rape, and others.

A contract was eventually established with the workshop staff for the author to conduct an evaluation focusing on role playing as a training method and assessing training effects through a measure that would be designed to tap two variables of major concern to the trainers: (a) officers' repertoire of crisis intervention skills, and (b) officers' awareness of their own emotions while intervening in crisis situations. The training staff agreed to provide their inputs during the construction of the measure and the evolution of the evaluation design. Plans were made for the author to attend the November workshop as a participant-observer, to conduct a pilot test at the May, 1977 workshop, and to conduct the final study with the training class attending the December, 1977 workshop.

Several considerations motivated the choice of a simulation model for the evaluation instrument. First of all, the author, with her psychodrama background, had a special interest in measures that involve the subject in an active or relatively active fashion as a way of assessing behavior. Furthermore, the use of simulation to evaluate training effectiveness was consistent with the action-oriented model underlying the workshop. Finally, the training staff's interest and willingness to provide ongoing feedback to the evaluator made it possible to use a methodology requiring their inputs as crisis intervention and training "experts."

This paper will present the background and development of the Crisis Intervention Simulation Survey (C.I.S.S.), a written simulation instrument designed to assess officers' knowledge of effective crisis intervention skills and their awareness of their emotional reactions to crisis. The C.I.S.S. serves as the central instrument in an evaluation study, to be reported elsewhere, that investigates role playing as a training method, with a specific focus on the relationship between role-playing involvement and the attainment of selected training objectives. The C.I.S.S. should be viewed in the context of police crisis intervention training programs and their evaluation, both of which are reviewed in the first section of this paper. This is followed by a discussion of simulation as an evaluation tool, including the model of skills-training assessment that provided the overall structure for the development of the C.I.S.S. The final section presents the procedures used to construct the instrument and the preliminary results of its application. Recommendations are made regarding its improvement and its adaptation to other evaluation settings.

Police Crisis Intervention Training

The recent proliferation of crisis intervention and other service-oriented training programs for police is part of a large-scale process of reassessment and change occurring in the field of law enforcement. The public image of the police suffered considerably in the wake of the urban riots of the sixties, and officers' traditional roles began to be seriously questioned. Federal commissions sponsored programs and workshops aimed at bridging the gap separating the police from the community, and from its racial and ethnic minorities in particular. At about the same time, studies of police functioning brought to light some disturbing facts. Contrary to their assumed role, officers were found to devote only a small percentage of their time to law enforcement, while over 80 per cent of their work involved the provision of human services (Epstein, 1962). Recruit training, however, dealt almost exclusively with principles and techniques of law enforcement. Of greater concern were statistics that showed the third leading cause of police casualties and assaults to be intervention in family disturbance situations (F.B.I. Crime Reports, 1975). The need to prepare police officers adequately to deal with interpersonal crisis was not only a matter of professionalism and public accountability, but was one of sheer survival!

Simultaneous with the changes emerging in the police field, there was a growing interest among mental health and allied professionals in crisis intervention as a preventive approach (Parad, 1965). Crisis was viewed not only as a potentially dangerous event, but also as a time when people are unusually receptive to influence. Crisis intervention could be performed by non-professionals and a variety of community service providers as well as, if not better than, professionals with formal training. The police were among those considered particularly well suited for this role, given the authority and 24-hour availability built into their job. Already for many low-income communities, the police are the first, if not the only source of assistance and support in times of crisis.

The turmoil in the police establishment brought forth a variety of explanations and proposed remedies. Some saw attitudes like cynicism as the root of the problem (Niederhoffer, 1969). Others spoke of a "police personality," with traits such as authoritarianism (Badalamente et. al., 1973). Still others criticized quasi-militaristic

police institutions like the training academy, along with the reactionary, isolationist influences of the police culture (Teasley & Wright, 1973). Outside consultants, many of them from the field of mental health, introduced programs designed to alter police attitudes and temper officers' supposed personality traits. The latest in innovative group methods were tried, including "encounter groups," "sensitivity training groups," "T-groups," and other approaches that focused on experience and interaction in the "here-and-now." Many of the new training programs utilized participatory action methods like role playing, which were seen as consistent with officers' personality characteristics and with the active nature of their work (Bahn, 1972).

The first comprehensive crisis intervention training program, one that served as a model for many programs to follow, was instituted by Bard in 1967. The City University of New York was contracted by the New York City Police Department to provide one month of intensive training, followed by two years of supervision, for a group of officers selected to become specialists in family crisis intervention. Training incorporated a variety of innovative teaching methods, including approaches commonly used to train beginning mental health professionals (Bard, 1975). It was Bard and his colleagues who popularized crisis intervention training and packaged it for nationwide distribution. The New York program, however, did not completely fit the needs and resources of other police departments. Alternative models shifted from the intensive training of specialists to the provision of short-term workshops for all officers. In addition, efforts to inculcate mental health values and an understanding of psychological principles gave way to attempts to teach specific skills, on the assumption that any necessary attitude changes would naturally follow changes in behavior (Liebman & Schwartz, 1973).

A notable weakness of nearly all police training programs in crisis intervention has been their failure to develop thorough and systematic evaluation components. Measures used tend to be too subjective, too vague, or only remotely related to the contents of training. Liebman and Schwartz (1973), in their review of police programs in domestic crisis intervention, cite as common weaknesses of evaluation efforts their lack of objective, quantitative data, and their failure to specify the goals of training. Those programs

that have gone so far as to state their objectives in behavioral or quasi-behavioral terms tend to rely on indirect methods of assessment- e.g., records and self-ratings of interventions by intervening officers (Pearce & Snortum, 1977; Schreiber, 1977), surveys of citizens served by officers (Spitzner & McGee, 1975; Wylie, Basinger, Heinecke, & Rueckert, 1976), or a combination of the two (Driscoll, Meyer, & Schanie, 1973). Some evaluations have attempted more direct measurements by having officers judge the effectiveness of simulated crisis interventions on videotape (Davis, 1976), respond orally to videotaped crisis simulations (Susskind, Roemer, Lazar, Digiondominico, Wise, 1977), or role play crisis intervention situations. Role players have been rated for their adequacy in handling the different phases of an intervention (Davis, 1976), for their verbal communication skills (Doornink, 1975), or for the occurrence of specific behaviors defined as "ideal" or "positive" (Doornink, 1975; Smith, 1973). Very rarely have evaluators used live observations of actual interventions (Davis, 1976) and these have not been directed toward specific behaviors. In most settings, the direct observation of officers on the job is either too expensive, politically unfeasible, or too dangerous, as well as being resistant to experimental control. Even role-played interventions have sometimes proven impractical. Doornink (1975) used brief role-played interventions as an outcome measure and concluded that considerably longer episodes would be needed for the role playing adequately to reflect important aspects of crisis intervention. And in a nation-wide evaluation of police crisis intervention training (Wylie et. al., 1976), plans were originally made to use videotaped role-played interventions as an index of training effectiveness, but project directors and trainers felt this would have a "threatening" effect on officers.

Pearce and Snortum (1977), in their review of the best evaluative studies to date, were able to distill three relatively consistent effects of crisis intervention training: (a) officers' initial resistance yields to their admission that the training was both interesting and practical, (b) disputants in actual family crisis situations look more favorably upon trained versus untrained officers, and (c) there is an increase in the percentage of disputants referred

to community agencies by trained versus untrained officers. Existing studies do not yet show any long-term effects of crisis intervention training programs, and there is only minimal evidence of their effectiveness in teaching specific skills. It was the need for further investigation in these two areas that prompted the development of the evaluation measure described in this paper.

Simulation as an Evaluation Tool

The measurement of intervention skills is an essential, yet difficult task facing evaluators of training programs in diverse fields. It is particularly difficult in human service professions that require complex judgements and subtle, multi-level interpersonal transactions. These fields typically lack universally agreed-upon criteria of effectiveness, and those criteria that do exist are rarely stated in concrete, behavioral terms. Perhaps this helps explain why, using Kirkpatrick's (1975) terminology, most training evaluation designs rely primarily on the "reaction level," i.e., the subjective viewpoint of the trainees regarding the value of a program. Kirkpatrick views his other levels- "learning" (knowledge), "behavior" (performance within the transfer setting), and "results" (organizational impact)- as increasingly difficult, respectively, to implement but providing more and more reliable, objective, and meaningful information. Those evaluations that do utilize specific criteria in assessing skill training programs tend to involve rating schemes based on subjective, qualitative judgements of behavior. Matarazzo (1971), in her review of research on the teaching and learning of psychotherapeutic skills, points out how the most sophisticated efforts to isolate and measure effective skill dimensions (Carkhuff, 1969) utilize relatively crude methods of defining the dimensions and fail to operationalize constructs in concrete terms.

Recent attempts to evaluate human service skills have begun to employ various forms of simulation, of which the most well- known is role playing. Simulation methods are usually adopted as a compromise between unobtrusive observations of live interventions and paper-and-pencil measures of personality characteristics and behavioral tendencies. Live observations present a variety of problems: not only do they require major commitments of time and effort, but, especially

in clinical situations, they may raise ethical questions. And, as mentioned in the previous section, settings like police crisis intervention may place observers at serious physical risk! On the other hand, paper-and-pencil measures, e.g., attitude scales, tend to be untrustworthy predictors of actual behavior (Wicker, 1969). Simulation methods provide a relatively practical means of assessing behavior as it occurs in real environments by presenting controlled approximations of those environments. Particular instruments vary greatly in their surface similarity to natural situations, depending on the medium employed and the response required. The stimulus presented may consist of written cases, videotaped role plays, films of actual situations, or live role-played scenes. The responses elicited include written reflections about a situation, written conversation, oral responses, or role-played responses. The different modes of stimulus and response can be combined to form a large number of potential simulation methods.

Simulation is not a new technique, but has been used for assessment and other purposes since the 1931's. Its earlier applications included the psychological evaluation of individuals through role-played situations (Moreno, 1946; Kreitler & Kreitler, 1964) and the study of individual and group behavior (Hartshorne & May, 1930; Maier & Hoffman, 1966). More recently, simulation methods have been used to evaluate the effectiveness of various approaches to therapy and training, especially those involving the teaching or modification of specific skills. Methods that have been studied in this fashion include structured learning therapy (Goldstein, 1973), assertive training (McFall & Marston, 1970), and human relations training (Carkhuff, 1969).

Simulation has been used for some time in occupational settings for the purpose of selection, placement, and evaluation. During World War II, the Office of Strategic Services used role playing to test problem-solving ability under stress and to assess personality traits like leadership and cooperativeness (Murray & MacKinnon, 1946). Unfortunately, attempts to validate the procedure were disappointing. The United States Armed Forces used role playing as part of a test battery to select Air Force pilots. Candidates were required to perform a complex coordination task while being continuously frustrated and criticized. Here too, the test was unable accurately to predict

future performance. Simulation has also been used for selection purposes in the field of education. Kelley & Fiske (1951), for example, studied the effectiveness of psychodramatic tests in selecting clinical psychology graduate students. While there were high correlations with academic success, correlations were low with ratings of clinical and research competence four years later. And, as in the previous studies, ratings by "expert" judges tended to be unreliable.

Concern for improving the objectivity and validity of simulation instruments has led to detailed analyses of the criterion work situation. So-called "job replicas" have been constructed for the prediction of performance in jobs involving primarily psychomotor skills- e.g., the Metal Filing Worksample (Bellows, 1940), designed to predict performance in dentistry, and the Horn Art Aptitude Inventory (Horn & Smith, 1945), used to evaluate applicants to art school. The analysis of needed skills has also been attempted for jobs that require primarily cognitive abilities. In the field of medical education, there have been some pioneering efforts to use simulation as an evaluation tool. In one approach, psychiatry students view films or videotapes of role-played interviews with patients and then respond to a number of open-ended and multiple-choice questions assessing observational and interviewing skills (Schneider & Enelow, 1974). Other methods vary in their mode of stimulus presentation, using live tape recordings, sound simulators, automated robots, computers, photographs, three-dimensional models, and/or written cases (Harless & Templeton, 1974; McGuire, 1974). The most sophisticated instruments are designed to assess diagnostic problem-solving and case-management skills. In the "patient-management problem test" (Small, 1974), critical performance areas are established through a survey of expert physicians and case problems are composed to tap skills in these areas. The final instrument has two different formats. In the "linear" program, general information is presented about a "patient" and respondents are required to choose a procedure or procedures from a number of alternatives. On the basis of these choices, additional information is provided, which can then be used to select a response from a forthcoming list of alternatives. In the "branching" program, each choice not only produces additional information, but determines

the particular set of alternatives that follow. A detailed manual for the construction of both types of patient-management problem test has been published by McGuire, Solomon, & Bashook (1975).

It is difficult to apply the programming model to the assessment of interpersonal skills. While it is possible to apecify the informational components and probable results of a particular medical decision, there is usually no objective way to describe the ingredients or predict the effects of a moment of interaction. Unlike medical judgements, interpersonal interventions cannot be easily characterized as a logical sequence of choices from among known sets of alternatives. Above all, the programmed tests leave out essential elements of interpersonal responses, such as gestures and nonverbal expressions of emotion.

There have been some efforts to use simulation as a measure of interpersonal skills. Helfer and Hess (1970) used role playing to assess the clinical interviewing skills of medical students; Levine & McGuire (1970) incorporated role playing into medical orals as a way of evaluating affective skills; Williamson, Goldberg, and Packard (1973) developed a procedure using simulated patients to evaluate crisis intervention and counseling by telephone; and Olmstead, Cleary, Lackey, and Salter (1973) designed simulations for the U.S. Army to assess a variety of leadership behaviors. Projects like these have included attempts to standardize procedures and some evaluators have performed additional studies to establish the reliability and validity of their instrument (Levine & McGuire, 1970). But most applications of simulation still retain a large amount of subjectivity. Thus, the content of the simulations and the behavioral categories used to evaluate them are typically selected by a committee of experts or by the evaluators themselves.

Probably the most systematic effort to date to overcome the subjectivity of interpersonal skills assessment is the "behavior-analytic" method developed by Goldfried and D'Zurilla (1969) for the design and evaluation of skill-training programs. The strength of this model is its step-by-step, empirical approach to defining skills and designing situations that elicit these skills in the particular population under study. Elements of the behavior-analytic method were used to develop the instrument described in this paper; it will

therefore be described here in some detail.

Goldfried and D'Zurilla tested their approach as part of a project to identify, measure, and facilitate effective social behavior among male college freshmen. They began by collecting a representative sample of problematic situations from the recorded self-observations of male freshmen, from the clinical folders of those who had applied for treatment at the student psychological center, and from the observations of Resident Assistants, faculty, and staff. The observation forms and interviews were structured so that the situations collected contained sufficient detail and covered a wide range of problem areas. The resulting 491 situations were presented to another sample, who were asked to indicate whether they had experienced these or similar situations. Situations showing a high probability of occurrence (at least 50% of those people surveyed) were retained. The next step was to evaluate the discriminability of the remaining situations and to develop a sample of likely responses. College-bound high school seniors were asked to give all of their possible reactions to each situation, and these responses were then judged for effectiveness. Those situations eliciting the fullest range of effective and ineffective responses were retained and administered to a fresh sample of subjects. This produced a list of typical responses to each situation, which were later evaluated for effectiveness by "significant others," i.e., people who had frequent contact with male freshmen or whose opinions were likely to be respected by them. A scoring system was developed on the basis of these judgements. In the final measure, subjects were asked to read a series of situations, while imagining themselves actually in them, and to describe their thoughts, feelings, and actions in writing. Goldfried and D'Zurilla discuss plans for validity studies of the completed instrument, but, to this writer's knowledge, they have not yet been reported in the literature.

Although simulation has been and continues to be an attractive method of research and evaluation in a variety of fields, important questions remain unanswered regarding its validity as a mode of measurement. This has been especially troubling to social psychologists who have been engaged in a lively controversy concerning whether or not role playing can be an adequate substitute for deception in studies of social behavior. The arguments on both sides are complex and are reviewed in a series of articles appearing in the American Psychologist (Cooper, 1976; Forward, Canter, & Kirsch, 1976; Miller, 1972).

Defenders of role playing point to its ethical advantages (Brown, 1965), its ability to involve the subject in a more dependable, contractual relationship with the experimenter (Kelman, 1972), and its recognition of "human capacities for choice, imagination, and intentional action" (Forward et. al., 1976, p. 602). Critics of role playing, on the other hand, point to the tendency of role players to present themselves in a favorable light and to empirical evidence that role-playing subjects are unable to replicate the responses of "involved participants," especially when subtle interactions or physiological reactions are involved (Holmes & Bennett, 1974; Willis & Willis, 1970). Cooper (1976) adds the difficulty role players have in predicting, "from the relatively detached position of the 'pretend,'" which aspects of the situation they would attend to "when the real time comes" (p. 608). Cooper recommends that role playing be used when the behavior of interest is too dangerous to perform, when we want to estimate what people think they or others would do in a situation, or when we are interested in generating hypotheses or heuristic models of social behavior. But ultimately, whenever possible, ideas must be tested behaviorally, in "a well-executed study in which participants can react spontaneously to the important variables" (p. 609). In a recent article, Spencer (1978) attempts to salvage role playing as a research method, while incorporating some of the arguments of its critics. He distinguished between "empirical" and "hypothetical" role playing, according to whether or not, respectively, the role has been prescribed and independently monitored by the experimenter. While hypothetical role playing poses a serious threat to internal and external validity, empirical role playing only poses a threat to external validity. Spencer opposes the use of either form of role playing, however, as a substitute for in vivo experimentation.

The role playing versus deception controversy serves as a reminder that simulation methods like role playing rest on a foundation of assumptions that have yet to be fully tested. At this point, every new simulation method that is developed raises anew the question: "What does this instrument measure, and how reliably does it reflect the reality that it purports to measure?"

The Crisis Intervention Simulation Survey*

The Crisis Intervention Simulation Survey contains a series of written crisis situations (see Appendix A) designed to tap police officers' behavioral and emotional responses to these situations and their probable responses to similar situations in the community. The situations are composed with the intent that they be representative of the types of crises that the recruits in the training program being evaluated are likely to face on the job. Situations are also structured to elicit the types of intervention skills that the training attempts to foster. The C.I.I.S. presents situations in four categories of crisis- family disturbance, rape, suicide, and death notification- which together reflect the range of crisis situations covered during the crisis intervention workshop. Each situation is accompanied by a response sheet (see Appendix B) asking subjects to write what they would say, do, and feel if they were actually confronted by the events described. This page includes open-ended questions, followed by a series of bi-polar, Likert-type emotion scales on which officers are asked to indicate how intervening in the situation would make them feel.

The steps involved in the construction of the C.I.S.S. are listed below. At several points in the sequence (items (1), (2), (3), and (4)), it was necessary to make choices relative to some standard, and this was usually derived from a group of experienced officers or trainers designated as "experts." The development of the scoring system, in particular (items (3) and (4)), drew upon the judgements of workshop staff for standards of response effectiveness.

(1) A critical incident survey (see Appendix C) was conducted with 50 experienced officers from police departments in the area. The results were used to compose preliminary sketches of 20 crisis situations (5 comparable situations each) in four areas covered by the workshop: family disturbance, rape, suicide, and death notification.

(2) The sketches were presented to the workshop staff, who were asked to fill out rating scales regarding their similarity to situations the recruits were likely to encounter on the job and their ability to elicity the types of skills promoted by the workshop. The results were used to refine the situations.

*Copies of the forms used to develop the C.I.S.S. may be obtained from the author, along with more detailed information about the method.

(3) The sketches were presented to police and mental health representatives of the workshop staff, whose inputs were used to develop a list of alternative interventions for each situation. Responses were also chosen on the basis of the content of the training program and the crisis intervention training literature, in particular the works of Bard (1975), Bard and Zacker (1976), Lovitt (1976), and Goldstein, Monti, Sardino, and Green (1977). The resulting response pool included behavioral responses ranging from those considered highly effective to those considered highly ineffective. (There was considerable agreement between the informal judgements of police and mental health trainers concerning the effectiveness of specific behaviors.)

(4) Each member of the workshop staff was given a set of situations and their accompanying response lists and was asked to rate each response on a seven-point scale of effectiveness. (Completed ratings were obtained from five members of the staff, all of them mental health professionals with police training experience.)

(5) Thurstone's method of equal-appearing intervals (Edwards, 1957, pps. 83-119) was used to establish the scale values of the responses. Those that produced too wide a dispersion of scale values among the judges were to be eliminated, but this was found to be unnecessary. Responses were then ranked in order of their average rating, and these ranks served as the scores applied to the protocols.

(6) The C.I.S.S. was administered as a pilot test to a class of 30 police recruits attending the crisis intervention workshop. Equivalent forms of the instrument were administered immediately prior to and immediately following the four days of training. In addition to the C.I.S.S., the data included a measure of role-playing involvement and a number of background variables (sex, age, education, previous police experience, and previous police training). Responses to the open-ended questions on the C.I.S.S. were scored by two raters and each recruit received a Total and an Average effectiveness score for each situation on the pre- and post-test. (Inter-rater reliabilities ranged from 80% to 100% agreement.) Computer analyses yielded a correlation matrix

(Pearson Product-Moment correlations) relating all of the above variables at their pre- and post- levels, and a series of T-tests (Matched Pairs T-tests) assessing the differences between the pre- and post-test levels of each variable.

The results of the pilot study suggested that the C.I.S.S. was sensitive to changes over the course of the workshop in responses to some situations, in particular to increases in the reported intensity of certain feelings. The C.I.S.S. also seemed able to detect significant relationships between these changes and other variables, including role-playing involvement. These results should be interpreted with caution, however, due to the limited methodology of the pilot study.

The correlational analysis produced some evidence for the reliability and internal consistency of the C.I.S.S. There were significant correlations between pre- and post-test scores on many sections of the instrument, and there were logical relationships between sub-scores within each administration. For example, individual feeling scales tended to be correlated from situation to situation, and positive emotions tended to be negatively correlated with less desirable emotions. The lack of correlation between the majority of C.I.S.S. scores and the background variables can be seen as initial evidence of the instrument's validity.

The results of the pilot study suggested some interesting hypotheses for future investigation. For example, correlations pointed to several possible relationships between effectiveness as an intervener in particular crisis situations and the awareness of specific feelings aroused by those situations. Total effectiveness in response to suicide situations on the pre-test was associated with lower self-ratings of sympathy. Total effectiveness in family disturbance interventions on the post-test was related to reported feelings of frustration. Total effectiveness in rape situations on the post-test was correlated with self-ratings of frustration and sympathy. Average effectiveness scores on the post-test were associated, in rape situations, with lower levels of success feelings and, in death notification situations, with higher levels of sympathy. What clearly emerges from findings such as these is the apparent

situation-specific nature of crisis intervention, whether this involves the level of skills developed, the awareness of particular emotions, or the interaction of the two.

Several changes were made in the format of the C.I.S.S. in light of the pilot study data and in response to direct feedback from workshop trainers and participating officers. Specifically, one question was eliminated that had failed to elicit expressions of feeling, and a simpler inquiry was added to allow for feelings not included in the emotion scales. The emotion scales were also changed to provide a clearer neutral point and more directly opposite feelings at the end-points of each scale.

(7) Preparations were made to use the C.I.S.S. as part of the final study, which utilized a time-series design (Campbell & Stanley, 1963) spanning the five-month period of recruit training and two months following graduation. Five equivalent forms of the measure were compiled for each subject, as the C.I.S.S. was to be given five times during the evaluation. The four situation types were randomized within each form as a way of controlling for order effects. The five parallel situations within each category were also randomized with respect to their inclusion in different administrations of the measure, so that differences in situations within each category would not be confounded with the time variable.

The data from the larger evaluation are presently being analyzed. The results are expected to provide substantial information regarding the reliability of the C.I.S.S., its relationship with other variables in the study, and its sensitivity to changes over time in crisis intervention responses. The final study involves twice as many subjects as the pilot study, as well as three additional testing dates: two months before, two months after, and four months after the workshop. The analysis will be more extensive, including an examination of specific responses underlying average effectiveness scores and trends in the data over time.

Pending the final results of the evaluation, several concluding observations will be made, based on the author's experience with the C.I.S.S. thus far. First of all, the reliability and validity of the

C.I.S.S., as with other simulation measures, has yet to be established. For example, it is still not clear to what extent the C.I.S.S. is an accurate index of informational knowledge, attitudes, behavior, or some combination of all three. Another limitation of the C.I.S.S., in the context of this evaluation setting, is its use of overall effectiveness scores, rather than the specific behavioral responses themselves, which may be more meaningful in the long run. The values placed on responses by this particular set of trainers may be quite different from the judgements of another training staff, which makes it difficult to compare results obtained in different evaluation settings. This difficulty would be avoided if training objectives were couched in concrete terms from the start of the evaluation. Indeed, participation in the construction of a C.I.S.S.-type instrument could serve as an impetus and assist program staff in doing so.

The development of the C.I.S.S. for this study obviously took a great deal of time and energy, probably more than could be available in many evaluation settings, especially if results were to be used as ongoing feedback to improve the efficacy of training. It would be possible to simplify the methodology involved at several steps along the way. For example, a panel of experts could be responsible for composing the situations, compiling the response pools for each situation, and even rating the responses for level of effectiveness. Whether or not the resulting instrument would be any less reliable is yet another question for empirical investigation.

Appendix A: Sample Situations from the C.I.S.S.

It is late Thursday night. A man has called the Police Department for help with his wife, who is threatening to commit suicide. He works late, and when he came home tonight, his wife had locked herself in the bedroom, with two months' supply to the pills she takes for her "nerves." She keeps saying over and over, "It's not worth it, it's no use any more," and refuses to talk to him. He mentions that she has had problems with depression in the past, but she seemed to be feeling better lately. You drive to his house.

You are in your cruiser around 9 PM when you receive a call to investigate a rape that has occurred in a nearby apartment complex. When you arrive at the scene, neighbors have gathered outside the young woman's door, talking loudly about the suspected rapist and asking you questions. When you look inside the apartment, you see the victim, huddled on the couch in the corner of the room, sobbing and asking to be left alone. The apartment is messy, with things apparently having been thrown around. A few women are in the room, trying to talk with the victim. When she sees you, she gets upset, saying she didn't call the police and doesn't want to talk to them. "Nothing happened--I just want to be left alone!"

You are on a routine patrol in a residential neighborhood at 2 PM. A young woman runs from her house to the front of your cruiser and waves you down, crying hysterically. She tells you she is afraid to stay at home and wants you to go with her to help her move her things to her sister's house. She says her husband has been drinking and refuses to leave. They are separated and she has told him not to come back until he stops drinking and gets a job. She tells you that he has been beating her and her 8-year-old daughter and has been throwing things and breaking things in the house. She doesn't want to have him arrested, she just wants him to leave her alone, and she knows he would listen to somebody with a gun. She pleads with you to come back with her to the house, before her husband does anything to really hurt someone.

It is Saturday morning and there has just been a holdup at a bank in a local shopping center. When you and other officers arrived, some shots were fired back and forth, and one of the customers in the bank at the time, a woman in her 30's, was struck and killed. You are asked to notify her husband who, you've been told, works in an office building nearby.

Appendix B: Response Sheet for the C.I.S.S.

IMAGINE YOURSELF TO BE THE OFFICER FACING THIS SITUATION!

What is the first thing you would say?

What is the first thing you would do?

If you did not accomplish all that you wanted to, what other kinds of things would you do?

What would you be feeling as the officer in this situation?

Please rate your reactions as the officer in this situation, on the following scales. Place an X in one circle on each scale.

	Extremely	Very	A little	Neutral	A Little	Very	Extremely	
UNCOMFORTABLE	O	O	O	O	O	O	O	COMFORTABLE
BORED	O	O	O	O	O	O	O	INTERESTED
UNPREPARED	O	O	O	O	O	O	O	PREPARED
SAD	O	O	O	O	O	O	O	HAPPY
FRUSTRATED	O	O	O	O	O	O	O	SATISFIED
UNSYMPATHETIC	O	O	O	O	O	O	O	SYMPATHETIC
UNSURE OF MYSELF	O	O	O	O	O	O	O	CONFIDENT
AFRAID	O	O	O	O	O	O	O	UNAFRAID
	Extremely	Very	A Little	Neutral	A Little	Very	Extremely	

Appendix C: Critical Incident Survey for the C.I.S.S.

CRITICAL INCIDENT SURVEY: CRISIS SITUATIONS

Age_____ Sex: M___ F___ Rank_____ Years of Police Work____

Months of Police Training___ Date of Most Recent Training_____

Previous Training in Crisis Intervention? YES___ NO___

If YES, Where?_____

If You Were an Officer in Another Police Department, Where?

_____

Education: High School: Grade Completed___

College: Years Completed: 1___2___3___4___

Graduate School: Years Completed: 1___2___3___4___

Other_____

Definition of Crisis:

A crisis is a sudden, upsetting event that throws a person, a family, or a group of people off balance for a short period of time. A crisis usually involves a serious problem that people must do something about but cannot cope with in their usual ways. A crime is not necessarily involved, and their may be no clear procedures for dealing with the situation. The people involved are usually very emotional, and whoever tries to help them must deal with their feelings as well as with the problem. Examples of crisis situations are:

- domestic disturbances
- suicide attempts
- mental breakdowns
- child abuse or wife abuse
- rape
- death of a family member
- a child getting into trouble in school

Thinking back to the first few months of your experience as a police officer, describe a crisis situation you dealt with that was very difficult to handle.

What was the call as you first heard it?

What time was it? Were you alone?

Where was the call located?

What did you see when you first arrived at the scene?

Who were the people involved? (age, sex, occupation, relationships, e

What was the problem, and what led up to the crisis?

Did you know the people? Had you been called to the same scene before

What did the people want you to do about the problem?

What did you feel you had to do in the situation?

What made it difficult to handle?

Comments:

Thinking over the past month or so on the job, describe a crisis situation you dealt with that was very difficult to handle.

What was the call as you first heard it?

What time was it? Were you alone?

Where was the call located?

What did you see when you first arrived at the scene?

Who were the people involved? (age, sex, occupation, relationships, e

What was the problem, and what led up to the crisis?

Did you know the people? Had you been called to the same scene before

What did the people want you to do about the problem?

What did you feel you had to do in the situation?

What made it difficult to handle?

Comments:

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